



City of Seattle  
Department of Design,  
Construction and Land Use

Key Tower, 700 Fifth Ave, Suite 2000, Seattle, WA 98104-5070

Phone: (206) 684-8464 Fax: (206) 684-8113

Website: www.cityofseattle.net/dclu Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

PERMIT APPLICATION



Work Site Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work: \_\_\_\_\_

WORK SITE OWNER/ TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Owner will perform work authorized under this permit Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____ How would you like to Receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Fax	State License #: _____ Contractor Company Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____ How would you like to Receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail and fax

APPLIANCE 1

Note: Equipment Sizing Form required for all principal sources of heat.

Unvented decorative appliances are not approved for use in Seattle per SMC 901.1.

APPLIANCE TYPE:	FUEL TYPE:	
<input type="checkbox"/> Furnace (all types) <input type="checkbox"/> Burner Replacement <input type="checkbox"/> Fireplace Insert <input type="checkbox"/> Heat Pump <input type="checkbox"/> Space Heater (all types) <input type="checkbox"/> Stove	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Solid	<input type="checkbox"/> New Installation or Replacement with Fuel Change <input type="checkbox"/> Replace Appliance with Same Fuel <input type="checkbox"/> Fuel Type Conversion Manufacturer _____ Model # _____ Heat Output _____ Output in KW _____ Rating in BTUs _____ (electric only) Furnace/Boiler AFUE _____ Heat Pump HSPF _____

APPLIANCE 2

Note: Equipment Sizing Form required for all principal sources of heat.

Unvented decorative appliances are not approved for use in Seattle per SMC 901.1.

APPLIANCE TYPE:	FUEL TYPE:	
<input type="checkbox"/> Furnace (all types) <input type="checkbox"/> Burner Replacement <input type="checkbox"/> Fireplace Insert <input type="checkbox"/> Heat Pump <input type="checkbox"/> Space Heater (all types) <input type="checkbox"/> Stove	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Solid	<input type="checkbox"/> New Installation or Replacement with Fuel Change <input type="checkbox"/> Replace Appliance with Same Fuel <input type="checkbox"/> Fuel Type Conversion Manufacturer _____ Model # _____ Heat Output _____ Output in KW _____ Rating in BTUs _____ (electric only) Furnace/Boiler AFUE _____ Heat Pump HSPF _____

VENT (EXHAUST) SEPARATE INSTALLATION: \_\_\_\_\_ Quantity: \_\_\_\_\_ ☐ New Vent    ☐ Replacement Vent

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Contractor or Owner (or authorized agent)

**PAYMENT INSTRUCTIONS:**      **Mail checks to:**  
☐ Cash    ☐ Check    DCLU, P.O. Box 34234, Seattle, WA 98124-1234  
☐ Charge my escrow account # \_\_\_\_\_  
☐ Call me at ( ) \_\_\_\_\_ so I can charge to a credit card.

DCLU USE ONLY:

Permit #: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_